



Optimized Valve
Performance

Care & Maintenance Recommendations

▪ Flushing

1. **Note:** When injecting or infusing medications that are incompatible, you should always flush the catheter with a minimum of 10 ml saline before and after each medication.
Note: When maintained in accordance with these instructions, the PowerPICC SOLO2* catheter does not require the use of heparinized saline to lock the catheter lumens. However, use of heparinized saline will not adversely effect the catheter and may be necessary based on patient status or use of alternate flushing and locking techniques.
Caution: Always remove needles or syringes slowly while injecting the last 0.5 ml of saline.
Caution: Use aseptic techniques whenever the catheter lumen is opened or connected to other devices.
Caution: The PowerPICC SOLO2* catheter is designed for use with needleless injection caps or "direct-to-hub" connection technique. Apply a sterile end cap on the catheter hub to prevent contamination when not in use. Use of a needle longer than 1.6 cm may cause damage to the valve.
Warning: Alcohol should not be used to lock, soak or de clot polyurethane PICCs because alcohol is known to degrade polyurethane catheters over time with repeated and prolonged exposure.
2. When injecting or infusing incompatible medications, always flush catheter with at least 10 mL saline before and after each medication.
3. Use "positive pressure disconnect" - always remove syringes slowly while injecting saline. Leave 0.5 ml of saline in the syringe (do not bottom out the syringe).
4. **Aspiration Difficulties:** If no resistance to infusion is felt, attempt to flush with 10 mL normal saline. Pull back gently on syringe plunger 0.5 mL, pause, then proceed with aspiration.

▪ Dressing Changes

Assess the dressing in the first 24 hours for accumulation of blood, fluid or moisture beneath the dressing. During all dressing changes, assess the external length of the catheter to determine if migration of the catheter has occurred. Periodically confirm catheter placement, tip location, patency and security of dressing.

Maintain according to hospital protocol. Avoid using acetone based solutions, or ointment. These substances are known to degrade polyurethane.

Chlorhexidine gluconate is the suggested antiseptic to use. 2% Chlorhexidine gluconate/70% isopropyl alcohol swab sticks may be used for dressing changes. Povidone-iodine may also be used as an antiseptic.

Allow all cleaning agents/antiseptics to dry completely before applying dressing.

Caution: Acetone and tincture of iodine should not be used.

Warning: When using alcohol or alcohol containing antiseptics with polyurethane PICCs, care should be taken to avoid prolonged or excessive contact. Solutions should be allowed to completely dry before applying an occlusive dressing.

Chlorhexidine gluconate and/or povidone iodine are the suggested antiseptics to use.

Care & Maintenance Table

	PowerPICC SOLO2* Catheter	PowerPICC* Catheter	Power Groshong* Catheter	Groshong* Catheter	Poly Per-Q-Cath* PICC	Poly RadPICC* Catheter
Power Injectable	■	■	■			
Saline Flush/ Saline Lock	■		■	■		
Heparinized Saline Flush/ Saline Lock		■			■	■
Flush Every 12 Hours or After Each Use		■			■	■
Flush Every 7 Days or After Each use	■		■	■		

Please consult product labels and inserts for any indications, contraindications, hazards, warnings, cautions and instructions for use.

An issued or revision date for these instructions is included for the user's information. In the event two years have elapsed between this date and product use, the user should contact Bard Access Systems, Inc. to see if additional product information is available. Revised date: March 2010

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To learn more about Bard Access Systems PICC care and maintenance, visit www.bardaccess.com or call us at 800-545-0890



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Clinical Information: 800-443-3385



Bard Family of PICCs

Care & Maintenance Guide





Care & Maintenance Recommendations

The catheter should be maintained in accordance with standard hospital protocols. Suggested catheter maintenance is as follows:

- **Flushing**
Flush each lumen of the catheter with 10 ml of saline. In addition, lock each lumen of the catheter with heparinized saline every 12 hours or after each use. Usually, one ml per lumen is adequate.

Vigorously flush the PowerPICC* catheter using a 10 ml or larger syringe and sterile normal saline prior to and immediately following the completion of power injection studies. In addition, lock each lumen of the catheter with heparinized saline. Usually one ml per lumen is adequate. This will ensure the patency of the PowerPICC* catheter and prevent damage to the catheter. Resistance to flushing may indicate partial or complete catheter occlusion. Do not proceed with power injection study until occlusion has been cleared.

Warning: Failure to ensure patency of the catheter prior to power injection studies may result in catheter failure.

- **Dressing Changes**
Assess the dressing in the first 24 hours for accumulation of blood, fluid or moisture beneath the dressing. During all dressing changes, assess the external length of the catheter to determine if migration of the catheter has occurred. Periodically confirm catheter placement, tip location, patency and security of dressing.
- **Occluded or Partially Occluded Catheter**
Catheters that present resistance to flushing and aspiration may be partially or completely occluded. Do not flush against resistance. If the lumen will neither flush nor aspirate and it has been determined that the catheter is occluded with blood, a declotting procedure per institution protocol may be appropriate.
- **When cleaning the exit site**
Warning: Do not wipe the catheter with acetone based solutions or polyethylene glycol containing ointments. These can damage the polyurethane material if used over time.

Maintain according to hospital protocol. Avoid using acetone based solutions, or ointment. These substances are known to degrade polyurethane.

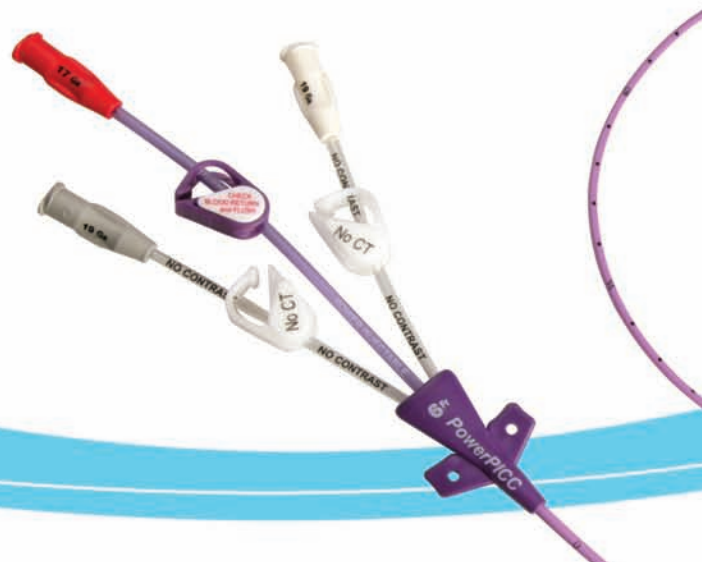
Use chlorhexidine gluconate or povidone iodine to clean the exit site around the catheter.

Allow all cleaning agents / antiseptics to dry completely before applying dressing.

Care & Maintenance Recommendations

The catheter should be maintained in accordance with standard hospital protocols. Suggested catheter maintenance is as follows:

- **Flushing**
For intermittent use, flush the catheter with saline once each week or after each use. Flush the catheter with a minimum of 10 ml of 0.9% sodium chloride, using a “pulse” or “stop/start” technique. Use of heparinized saline to lock each lumen of the catheter is optional. Note: When infusion volume is a concern in small or pediatric patients, flush with 3 ml per lumen.
- **Caution:** To reduce potential for blood backflow into the catheter tip, always remove syringes slowly while injecting the last 0.5 ml of saline.
- **Dressing Changes**
Assess the dressing in the first 24 hours for accumulation of blood, fluid or moisture beneath the dressing. During all dressing changes, assess the external length of the catheter to determine if migration of the catheter has occurred. Periodically confirm catheter placement, tip location, patency and security of dressing.
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The catheter should be maintained in accordance with standard hospital protocols. Suggested catheter maintenance is as follows:

- **Flushing**
Flush each lumen of the catheter with 10 ml of saline. Lock each lumen of the catheter with heparinized saline. Usually, one ml per lumen is adequate.
- **Dressing Changes**
Assess the dressing in the first 24 hours for accumulation of blood, fluid or moisture beneath the dressing. During all dressing changes, assess the external length of the catheter to determine if migration of the catheter has occurred. Periodically confirm catheter placement, tip location, patency and security of dressing.
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